

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011720

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 62

FILED MAR 19 1962

VS 300
Rev. 4/5910535
20150

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13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

LACLEDÉ

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lebanon

Length of stay in lb

6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

WALLACE MEMORIAL

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Missouri

b. COUNTY

CAMDEN

Inside Limits
Yes ☐ No ☒c. CITY
OR TOWN

SUNRISE BEACH

d. STREET
ADDRESS

STAR ROUTE BOX 291

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ROBERT

Middle

I

Last
Maddy4. DATE
OF DEATHMonth
MARCHDay
13Year
1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

October 6, 1911

9. AGE (last birthday)

50

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, or if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

HORTON, KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

RILEY M. Maddy

13b. MOTHER'S MAIDEN NAME

ELSIE SMITH

14. NAME OF HUSBAND OR WIFE

AVANELLE Maddy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

yes WWII

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

AVANELLE Maddy Box 291

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Ventricular Fibrillation

INTERVAL BETWEEN
ONSET AND DEATH

5 min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Massive Coronary Artery Occlusion

10 days

DUE TO (c)

Coronary Artery Atherosclerosis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar. 1, 1962 to Mar. 13, 1962 and last saw him alive on Mar. 13, 1962

Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. H. Garrison, Jr. M.D.

(Degree or title)

22b. ADDRESS

Camden, Mo.

22c. DATE SIGNED

3-15-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

3/16/62

23c. NAME OF CEMETERY OR CREMATORY

Dale Blair Cemetery

23d. LOCATION (City, town, or county)

Camden, Missouri

(State)

24. FUNERAL DIRECTOR

WALTER HEDGES Camden, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-15-1962

26. REGISTRAR'S SIGNATURE

Hella L. Hays

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 21 1962

APR 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter P. Hedges

Licensed Embalmer No.

4265

P. O. Address

Camdenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued D.S.M.